RECEIVER

FEC FORM 1		STATEN ORGAN			2 AUG 30 A FEC MAIL C		
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M5		
VIRGIN IS	LANDS	FOR PLA	SKET	<b>F</b>			J
ADDRESS (number a	nd street)	P. O. BOX	1006				
(Check if a is changed)		REDERIK	STED		VI 0082	11	لـ لـ
			CITY		STATE	ZIP CODE	
COMMITTEE'S E-MA	AIL ADDRESS	(Please provide only	one e-mail ad	dress)			
(Check if is change							
COMMITTEE'S WEE	PAGE ADDRE	ESS (URL)					
(Check if is change	address -	www.forpe	opleno	tpolitics.org			<b>⊣</b> <b>⊣</b>
2. DATE $0\xi$	3 27°	2012					
3. FEC IDENTIFICATION NUMBER							
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)							
I certify that I have	examined this	Statement and to the	e best of my	knowledge and belief it	is true, correct and	d complete.	
Type or Print Name	of Treasurer	Marvin L.	Pickeri	ng			
Signature of Treasur		<u> </u>	)	٠,	Date 08"	27 2012	
NOTE: Submission of false, errondous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use Only		·		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	

FEC Form 1 (Revised	02/2009)		Page 2	
TYPE OF COMMITTEE				
Candidate Committe	<b>;</b> :			
(a) X This commit	tee is a principal campaign committee.	(Complete the candidate info	rmation below.)	
(b) This commit information	tee is an authorized committee, and is below.)	NOT a principal campaign co	ommittee. (Complete the candidate	
Name of Candidate	CEY PLASKETT			
Candidate	Office 🔽		State	
Party Affiliation	Sought: X House	e Senate	President District 01	
(c) This commit	tee supports/opposes only one candida	te, and is NOT an authorized	d committee.	
Name of Candidate				
Party Committee:	, 40 to 1. Add that the Additional Control of the Additional Control o	attanian and an analysis and a	one control of the state of the	
(d) This commit	tee is a (National, or subordin	State nate) committee of the	(Democratic, Republican, etc.) Party	
Political Action Com	nittee (PAC):			
(e) This commi	tee is a separate segregated fund. (Ide	ntify connected organization o	n line 6.) Its connected organization is	
Cor	poration	Corporation w/o Capital Stock	Labor Organization	
	nbership Organization	Trade Association	Cooperative	
			осорональс	
	In addition, this committee is a Lobby			
	ttee supports/opposes more than one F i.e., nonconnected committee)	ederal candidate, and is NO	T a separate segregated fund or part	
In a	In addition, this committee is a Lobbyist/Registrant PAC.			
∏ In a	dition, this committee is a Leadership P/	AC. (Identify sponsor on line 6	.)	
	. The W C N colonic are intractioned the finite statements included an experience of engineers			
Joint Fundraising Re	presentative:			
	ee collects contributions, pays fundraisin organizations, at least one of which is an	• .	•	
	ee collects contributions, pays fundraisin organizations, none of which is an author			
Committees Par	ioinating in Joint Fundraicar			
Committees Pan	icipating in Joint Fundraiser		[0]	
1. [1\\frac{1\\frac{1\\frac{1}{\fint}{\frac{1}{\frac{1}{\frac{1}{\fint}}}}}{\frac{1}{\frac{1}{\fint}{\frac{1}{\fin}}}}}}{\frac{\frac{1}{\fint}}}}}}{\frac{\frac{1}{\fit}}}}}}}		FEC ID num		
2.		FEC ID num	ber C	
3.		FEC ID num	ber C	
4.		FEC ID num	ber C	

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ra	uе	J

Write or Type Committee Nam	В
VIRGIN ISLAN	DS FOR PLASKETT
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
<u>  N/A                                      </u>	
Mailing Address	
	CITY STATE ZIP CODE
Relationship: Connecte	od Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in possession of committee
Full Name DELN	/IN J. GARCIA
Mailing Address	P. O. BOX 583
	FREDERIKSTED VI 00841
Title or Position	CITY STATE ZIP CODE
CAMPAIGN MA	NAGER Telephone number [340, ] - [332, ] - [8868, ]
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name Marv	in L. Pickering
Mailing Address	P. O. BOX 3477
	FREDERIKSTED VI 0084,1 - ODE
Title or Position	

9.

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Full Name of Designated Agent	JOSHUA E. TATE				
Mailing Address	5013 CHANDLERS WHARF, GAL	LOWS BAY			
	CHRISTIANSTED	V	00820   -   -		
Title or Position	CITY	STATE	ZIP CODE		
	F SERVICE Telep	hone number [340	0, - 719, - 0274		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.					
	BANK OF ST. CROIX				
Mailing Address	<sub>[</sub> 25 ANCHOR WAY, GA;;PW\$ I	3 <b>AY</b>			
	CHRISTIANSTED	L VI	00820		
	CITY	STATE	ZIP CODE		
Name of Bank,	Depository, etc.				
Mailing Address					
		1 1 1 1 1 1 1 1			
			<u> </u>		
	CITY	STATE	ZIP CODE		

(3/2005)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER